



**CITY OF SAN ANTONIO**  
**EMPLOYEE ACKNOWLEDGMENT FORM**  
**FOR**

**ADMINISTRATIVE DIRECTIVE 4.4**  
**Leave Administration – Modified Leave Accrual Employees**

**Employee:**

I acknowledge that on \_\_\_\_\_, 20\_\_\_\_, I received a copy of Administrative Directive 4.4, Leave Administration, and was given the opportunity to ask questions or contact my HR Representative. I further acknowledge that if I separate from the City, my Annual Leave balance for the year shall be prorated based on my separation date. As such, I authorize my final paycheck to be reduced based on any amount of leave taken in excess of the prorated amount.

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Department

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee SAP ID Number